|  |  |  |  |
| --- | --- | --- | --- |
| Nomor | : |  /PS-IF/AKD-S3/....../...... |  |
| Lampiran | : |  |  |
| Hal | : | Permohonan Ijin Penelitian Disertasi |

Kepada Yth. ...............................

Bersama ini disampaikan permohonan surat ijin penelitian disertasi**,** bagi mahasiswa Program Studi S3 Ilmu Farmasi Fakultas Farmasi UGM.

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| Nama | : | ............................... |
| NIMTempat Penelitian | :: | ............................... .............................................................. |
| Promotor | : | ............................... |
| Ko-promotor 1Ko-promotor 2 | :: | ............................................................... |
| Judul Disertasi | : | ............................... |

Atas perhatian dan kerjasamanya disampaikan terima kasih.

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|  |  | Yogyakarta, ............................... |
| Mengetahui, Dekan Fakultas Farmasi UGM |  | Pengelola Program S3 Ilmu FarmasiKetua,  |
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